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BRIEF COMMUNICATION

## Impact of the endoscopic teaching process on colonic adenoma detection<sup>☆</sup>



J.S. Lasa<sup>a,\*</sup>, R. Moore<sup>a</sup>, A.D. Peralta<sup>a</sup>, G. Dima<sup>a</sup>, I. Zubiaurre<sup>a</sup>, M. Arguello<sup>a</sup>,  
M. Senderovsky<sup>a</sup>, L. Moretti<sup>b</sup>, A. Avagnina<sup>b</sup>, L. Soifer<sup>a</sup>

<sup>a</sup> Sección de Gastroenterología, Departamento de Medicina Interna, Centro de Educación Médica e Investigación Clínica (CEMIC), Buenos Aires, Argentina

<sup>b</sup> Servicio de Anatomía Patológica, Centro de Educación Médica e Investigación Clínica (CEMIC), Buenos Aires, Argentina

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### KEYWORDS

Colon;  
Colonoscopy;  
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Training;  
Colorectal cancer

### Abstract

**Background:** There has been little reported experience in the Latin American hospital setting in relation to the impact of the endoscopic training process on colonoscopy quality.

**Aims:** To determine the effect that training in the technique of colonoscopy has on adenoma detection in an Argentinian teaching hospital.

**Material and method:** Within the time frame of July 2012 and July 2013, 3 physicians received training in colonoscopy from 4 experienced endoscopists. The colonoscopies performed by the supervised trainees were compared with those carried out by the experienced endoscopists.

**Results:** A total of 318 colonoscopies performed by any one of the 3 supervised trainees and 367 carried out by any one of the experienced endoscopists were included. The univariate analysis showed a non-significant difference in the detection rate of adenomas (30.4 vs 24.7%,  $P = .09$ ). In the multivariate analysis, the detection rate of adenomas was significantly higher in the colonoscopies performed by one of the 3 trainees (odds ratio = 1.72 [1.19-2.48]).

**Conclusions:** The supervised involvement of endoscopic trainees has a positive effect on adenoma detection.

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\* Corresponding author: Austria 1958 5E (C.P. 1425), Buenos Aires, Argentina. Tel.: +(5411) 48234642; Fax: +(5411)48127944.  
E-mail address: juanselasa@gmail.com (J.S. Lasa).

**PALABRAS CLAVE**

Colon;  
Colonoscopia;  
Adenoma;  
Entrenamiento;  
Cáncer colorrectal

**Impacto del proceso de enseñanza endoscópica en la detección de adenomas colónicos****Resumen**

*Antecedentes:* El impacto que el proceso de entrenamiento endoscópico ejerce sobre la calidad de la colonoscopia en un medio hispanoamericano es escasa.

*Objetivo:* Determinar el efecto del entrenamiento en la técnica de colonoscopia sobre la detección de adenomas.

*Materiales y métodos:* Entre julio del 2012 y julio del 2013, 3 médicos recibieron entrenamiento en colonoscopia por parte de 4 endoscopistas experimentados; Las colonoscopias realizadas por endoscopistas en entrenamiento supervisados fueron comparadas con aquellas realizadas por endoscopistas experimentados.

*Resultados:* Se incluyeron 318 colonoscopias realizadas por alguno de los 3 endoscopistas en entrenamiento bajo supervisión y 367 realizadas por alguno de los endoscopistas entrenados. El análisis univariado mostró una diferencia no significativa en la tasa de detección de adenomas (30.4 vs. 24.7%;  $p = 0.09$ ). En el análisis multivariado, la tasa de detección de adenomas fue significativamente mayor en las colonoscopias realizadas por alguno de los 3 endoscopistas en entrenamiento (odds ratio = 1.72 [1.19-2.48]).

*Conclusión:* El involucramiento de endoscopistas en formación tiene un efecto positivo sobre la detección de adenomas.

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**Introduction**

Emphasis has been placed on optimizing the capacity of colonoscopy (COL) in detecting adenomatous lesions.<sup>1</sup> In relation to this, previous studies have evaluated the impact that the endoscopic training process has on the quality of COL.<sup>2-5</sup> Initial experiences<sup>2</sup> found that the adenoma detection rate increased when an endoscopist in training (TR) was involved in performing the COL; the percentage of patients with 2 or more adenomas was higher in the COLs carried out with an ET supervised by an experienced endoscopist (EX). This finding has not been reproduced in later experiences.<sup>4</sup> Nevertheless, none of them has demonstrated a negative effect from the participation of endoscopists that are being trained. The scant evidence suggests that there is no negative effect on the adenoma detection rate (ADR).

However, no similar experience has been reproduced in a Latin American hospital center. Therefore, our aim was to determine the effect COL training has on the ADR at a university teaching hospital in Argentina.

**1. Material and Methods**

The endoscopic procedures carried out at our institution within the time frame of July 2012 and July 2013 were reviewed. During that period of time, 3 physicians were trained in COL by 4 EXs. During the endoscopic training, the COLs were performed by the 3 TRs supervised by the 4 EXs. The study was approved by the Ethics Committee of our institution.

The COLs performed by the supervised TRs were compared with those performed by the EXs involved in

the teaching process of the endoscopic technique. The demographic variables and the COL indications were recorded along with the percentage of cecal intubation in both groups. Colon preparation quality determined by the Boston scale for establishing whether the colonic cleansing was adequate (score above 5) or inadequate (score less than or equal to 5) was also recorded. Cecum withdrawal times were also reviewed.

The quantity and morphology of the encountered polyps, in general, as well as the adenomatous polyps, in particular, were compared. The polyp detection rate (PDR) and the ADR were calculated. The number of adenomas from the right colon (defined as those found *proximal* to the splenic angle), the number of minute adenomas (less than 5 mm in diameter), and high-risk adenomas (villous adenomas and/or adenomas with high-grade dysplasia and/or larger than 1 cm) were compared.

**Statistical analysis**

The categorical variables were described as percentages and the numeric variables as means  $\pm$  standard deviation or as medians with their 25-75% quartile interval, whichever was appropriate. The chi-square test was used to compare the categorical variables and the corresponding Student's t test or Mann-Whitney test for the numerical variables. Odds ratios (OR) were calculated with a 95% confidence interval (95% CI). First a univariate analysis and then a multivariate analysis were done, employing a logistic regression model. The statistical analysis was carried out with the Stata v11.0 (StataCorp. 2009. Stata Statistical Software: Release 11. College Station: StataCorp LP) statistical program.

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